

Instructions

Please make multiple copies of this form and complete one form for each school surveyed. Please save copies of the completed school-specific forms in case we have questions. **You should also use this form to tally your responses prior to completing the on-line survey. The on-line survey should not be completed until after the 30-day follow-up period.**

Contact Information

Name of person completing report: _____ County/Jurisdiction: _____

Date report was completed: ____/____/____ Phone: (____) ____ - ____ E-mail: _____

Date report was completed after 30 days from the date of the initial assessment: ____/____/____

School Information

Name of school: _____ Phone: (____) ____ - ____ Grade levels: _____

Address of school: _____ City: _____ E-mail: _____

Total number of students enrolled in school by grade: K (**All**)____, G1-5 (**New**)____, G6 (**New**)____, G7 (**New**)____, G8 (**New**)____, G9-12 (**New**)____

Of the total number of students enrolled (above), how many records/students did you review (refer to instructions on how to obtain a sample): K (**All**)____, G1-5 (**New**)____, G6 (**New**)____, G7 (**New**)____, G8 (**New**)____, G9-12 (**New**)____

Sample information:	(All) K	(New) G1-5	(New) G6	(New) G7	(New) G8	(New) G9-12
1) Number of students with immunization records in sample (not including students with exemptions)						
2) Number of students without immunization records in sample (not including students with exemptions)						
3) Total number students (add #1 and #2)						

School immunization exemptions:	(All) K	(New) G1-5	(New) G6	(New) G7	(New) G8	(New) G9-12
4) Number of students with medical exemptions in sample						
5) Number of students with religious exemptions in sample						

Number of students in the sample with immunization records who NEED one or more of the following vaccines:	(All) K	(New) G1-5	(New) G6	(New) G7	(New) G8	(New) G9-12
6) 1 or more doses of DTaP/Td/DT vaccine						
7) 1 or more doses of Polio vaccine						
8) 1 or more doses of Measles vaccine						
9) 1 dose of Rubella vaccine						
10) 1 dose of Mumps vaccine						
11) 1 or more doses of Hepatitis B vaccine						
12) 1 dose of Varicella vaccine						

Compliance Assessment:	All K	New G1-5	New G6	New G7	New G8	New G9-12
13) Total number of students in compliance on day of assessment						
14) Total number of students in compliance 30 days after assessment						

Additional Information**Immunization Record-keeping**

a) What is the number of schools in your school sample that currently use DHMH Form 896 to document student immunization history? _____

b) What is the number of schools in your school sample that do not use DHMH Form 896 but other methods to document student immunization history? _____

PLEASE DO NOT SUBMIT THIS WORKSHEET. IT WOULD BE HELPFUL IF YOU SAVE A COPY OF THIS WORKSHEET IN CASE WE HAVE QUESTIONS.

YOU MAY SUBMIT AN AGGREGATE REPORT ON-LINE FOR YOUR JURISDICTION AT <https://www.research.net/s/3ZPP7Y5>

Students **NOT IN COMPLIANCE** Worksheet

Reviewer: _____

Date: _____

[illegible]